"*TRICARE: Your Military Health Plan*"

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Ensure Your Family is Covered

- Enroll eligible family members in DEERS (Defense Enrollment Eligibility Reporting System)
  - Key to benefits and entitlements
  - Bring marriage, birth, divorce, custody, and adoption documents
- Get ID cards for eligible family members

How to update DEERS

-Report to nearest ID card office

-Go to www.tricare.osd.mil/DEERSAddress / to update address only

Family Health Coverage Considerations

- May use TRICARE benefits alone
- Or use TRICARE with your employer health plan
  - File claims with employer’s plan first
  - Then file claim with TRICARE

Is a Department of Defense program

TRICARE Regions

TRICARE North	877-874-2273
TRICARE South	800-444-5445
TRICARE West	888-874-9378

Web Site Resources

TRICARE
http://www.tricare.osd.mil/

Humana MHS
www.humana-military.com

Pharmacy Benefits

Military Treatment Facilities

$0 co-pay

Civilian Retail Pharmacies
(Network)

$3 generic/$9 name brand for 30 day supply

TRICARE Mail Order Pharmacy

(If you have other prescription coverage, you cannot use the

Active Duty Family Member (ADFM) Medical Care

Options:

-Military Treatment Facility- must enroll in Prime

-Civilian Medical Care (Standard, Extra, or Prime)

-Other health insurance (with TRICARE Standard as a secondary health insurance)

TRICARE Standard as Primary Coverage

Deductible applies ($150 individual/ $300 family)

After deductible, you pay 20% of CHAMPUS Maximum Allowable Charge (CMAC)

No pre-authorizations required

Use a TRICARE authorized physician (non-network)

PARTICIPATING VS. NON PARTICIPATING

TRICARE AUTHORIZED PROVIDERS

Participating- Accepts the CHAMPUS rate as full payment (TRICARE payment + your costshare) Will not balance bill.

Non-Participating- Will not accept CHAMPUS rate as full payment. Will balance bill. **DO NOT** sign any paperwork at the doctor's office agreeing to pay difference. The most the provider may receive by law is 115% CHAMPUS

TRICARE Standard as Secondary Coverage

1. Submit claims to other health insurance (OHI)

2. After OHI pays, submit

- Explanation of benefits from OHI

- Original insurance claims (UB 92/HCFA 1500)

- CHAMPUS Claim Form (DD Form 2642)

to the claims address for your TRICARE region

TRICARE Extra

Deductible applies ($150 individual/ $300 family)

After deductible, you pay 15% of contractor negotiated fee

No pre-authorizations required

Use a TRICARE network physician

TRICARE Prime

No deductible

No co-pay or cost share (except pharmacy)

Pre-authorization is required for all referrals, emergency room visits, and hospital admissions

Must choose a TRICARE network physician to be the primary care manager (PCM)

Prime Point of Service Option

Must meet deductible ($300 individual/ $600 family)

Once deductible is met, TRICARE pays 50% of CHAMPUS Maximum Allowable Charge (CMAC)

Reasons to enroll ADFMs in TRICARE Prime

- Lower costs
- Priority at military treatment facilities
- Individualized care
- Minimal paperwork
- Timely access to care

Third Party Liability

United States recovers costs of medical care furnished by TRICARE to a person suffering a disease or injury caused by the action or negligence of some third person

TRICARE may request a DD Form 2527 (Statement of Personal Injury-Possible Third Party Liability Form). **Mail this in ASAP**.

Supplemental Insurance

- Is available from several different agencies

- Mostly useful for Standard option only

COBRA PLAN
(Continued Health Care Benefit Program)

-Temporary health benefit coverage after duration of orders

-May purchase up to 18 months of coverage

-Must enroll within 60 days after end of orders; no time waivers.

-Premiums run between $311-$667 per month depending on # covered

QUESTIONS?

TRICARE Dental Program

Eligibility

Verified through DOES

Active Duty Family Members

Reservists

Reserve Family Members

Enrollment options

Enrollment period: minimum 12 months

Effective date of coverage: Enrollment must be complete NLT the 20th of the month to be eligible for enrollment on the 1st of the following month

How to enroll

-Obtain enrollment form from Health Benefits Advisor and mail in to United Concordia with one month premium

- Enroll online at www.ucci.com

If already enrolled

Contact United Concordia to change the family premium to the Active Duty Family Member rate

Premiums- Active Duty Family Member

Single Coverage: $9.32 Feb 05-Jan 06

Family Coverage: $23.31 Feb 05-Jan 06

Maximums

-Maximum annual payment is $1200 per year

-Contract year is 1 Feb through 31 Jan

-Lifetime orthodontic maximum of $1500 (for qualified family members)

Covered Services and Cost Shares

Services	Cost Share E1-E4	Cost Share E5 and above
Diagnostic & Preventive	0%	0%
Emergency	0%	0%
Basic Restorative & Sealants	20%	20%
Endodontics	30%	40%
Periodontics	30%	40%
Oral Surgery	30%	40%
Prosthodontic & Other Restorative	50%	50%

Covered Services and Cost Shares (Cont'd)

Services	Cost Share E1-E4	Cost Share E5 and above
Orthodontics	50%	50%
Anesthesia		
General	40%	40%
IV Sedation	50%	50%
Miscellaneous	50%	50%

How to find a dentist

-Go to www.ucci.com

-Select Provider Directory

QUESTIONS?